



Notice of Intent (NOI) for Stormwater Discharges from  
Large and Small Construction Activities,  
NPDES General Permit SCR100000

FEB 26 2008

**For official use only**

File number: 10-08-02-13

Permit number: SCR10 14 13

Submittal package complete: 3/1/08

Public Notice Start Date (OCRM only): 3-21-08

**For official use only**

CHARLESTON OFFICE

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date: 02/21/2008

Project/ Site Name: Greenwood Street

County: Charleston

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)

If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☐ No

**I. Project Information**

Project Owner/ Operator (Company or person): Town of Lincolnville

Company EIN: [redacted]

Phone: 843-873-3261

Fax: 843-873-3267

Mailing Address: P.O. Box 536

City: Lincolnville

State: SC

Zip: 29485

Permit Contact (if owner is company): Mayor Tyrone Aiken

Phone: 843-873-3261

Mailing Address: Same As Above

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

**II. Property Information**

A. Site Location (street address, nearest intersection, etc.): Public ROW - W. Smith to W. Broad Streets

City/ Town (if in limits): Lincolnville

Latitude: 33° 0' 23" N Longitude: -80° 9' 29" W

Tax map # (list all): 376-08-00-024, 043, 049, 051, 052, 062, 078

B. Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**III. Site Information**

A. Disturbed area (to the nearest tenth of an acre): 0.9 acres Total area: 0.9 acres

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No

LCP/ Overall Development Name: \_\_\_\_\_

Check here if this is the first phase. ☐

Previous state permit/ file number: \_\_\_\_\_

Previous NPDES coverage number: SCR10               

C. Start Date (MM/DD/YYYY): 06/01/2008

Completion Date: 04/28/2009

D. Is this site located on Indian Lands? ☐ Yes ☒ No

If yes, name of reservation: \_\_\_\_\_

E. Type of Activity (check one):

☐ Institutional

☐ Residential: Single-family

☐ Commercial

☐ Industrial

☒ Linear

☐ Residential: Multi-family

☐ Multi-use (Commercial & Residential)

☐ Other: \_\_\_\_\_

☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No

G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☒ Yes ☐ No

If yes, list the MS4 operator or urbanized area name: Town of Lincolnville

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA). \_\_\_\_\_

**IV. Waterbody Information**

A. Nearest receiving waterbody(s) [RWB]: Tributary to Chandler Bridge Creek Distance to nearest RWB (feet): 1,200

Classification of nearest RWB: SB

Next/Nearest named RWB: Eagle Creek

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0.110</u> Ac
c. Other Water(s) List:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.

Non-jurisdictional, isolated freshwater wetlands to be filled and drained in association with road construction; refer to USACOE SAC 80-2003-1206(B) and 04May04 SCDHEC-OCRM letter referencing these wetlands (copies attached).

**C. Impaired Waterbodies** (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). **CSTL-099** Waterbody(s): **Eagle Creek**

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
- a. If yes for 1, list the impairment(s). Turbidity
- b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)?  
☒ Yes ☐ No
- c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b. Turbidity
- d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☒ Yes ☐ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
- a. If yes for 2, list the impairment(s). \_\_\_\_\_
- b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☐ No
- c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)?  
☐ Yes ☐ No
- d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)?  
☐ Yes ☐ No
3. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No
- a. If yes for 1, list the name of the SCNW: \_\_\_\_\_
- b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
- c. If yes for b, then describe activities. \_\_\_\_\_
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit?  
☐ Yes ☐ No
- e. If no for d, has an SCNW permit been applied for or issued for the site?  
☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- f. If yes for d or e, list permit number(s) and corresponding activities. \_\_\_\_\_

## V. Operator Information

- A. SWPPP Preparer: Mark Cain, P.E. S.C. Registration #: 

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Company/ Firm: Charleston County Public Works Department S.C. COA #: 

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Mailing Address: 4045 Bridge View Drive City: North Charleston State: SC Zip: 29405  
Phone: (Day) 843-202-7600 (Mobile) \_\_\_\_\_ (Fax) 843-202-7601  
Email address (optional): mcain@charlestoncounty.org
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Charleston County Public Works Department  
Mailing Address: Charleston County Public Works Department City: North Charleston State: SC Zip: 29405  
Phone: 843-202-7600 Fax: 843-202-7601  
Site Contact (if ODSA is company): Harold Dukes Phone: 843-202-7846

**VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!**

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCRI00000. (This should be person identified in Section V.A.)
- Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

**Mark Cain, P.E.**

Printed name of SWPPP Preparer

Signature of SWPPP Preparer

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S.C. Registration #

- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

**Mayor Tyrone Aiken**

Printed name of Project Owner/Operator

Signature of Project Owner/ Operator

Date \_\_\_\_\_

**NPDES CGP Fee Schedule B****(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)****This schedule should not be used for projects reviewed by a delegated entity or MS4 operator.**

If you are completing the fillable version of this form and if the **County** and **Disturbed Area** fields are correctly filled out on page 1 of this form, the fees in the right-hand column will be automatically entered based on your answers to the questions below. This schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. DO NOT MAIL CASH. DHEC will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received and after the project is deemed consistent with the S.C. Coastal Zone Management Plan.

**1. Is this project located within ½ mile of a RWB (Item IV.A)?** ☒ Yes ☐ No

If yes, proceed to item 2. If no, proceed to item 3.

**2. a. Will this project or LCP (Item III.B) ultimately disturb more than 0.5 acre?** ☒ Yes ☐ No\$ 125. 00

If yes, enter \$125 in right-hand column and proceed to 2b. If no, see OCRM-SPWS for "Small Project Requirements in Coastal Counties" and proceed to 2c.

**b. If yes for 2a, is this project exempt from S.C. Reg. 72-300 et seq?** ☐ Yes ☒ No

If yes for 2b, review fees are not initially required\*; proceed to item 4.

If yes for 2a **and** no for 2b, enter review fees of \$100/ **disturbed** acre (from item III.A on page 1) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.\$ 90. 00**c. If no for 2a, does this project meet the criteria of categories a, d, or e listed in the "SCCZ****Requirements"** section of the instructions (page 6)? ☐ Yes ☐ NoIf no for 2a **and** yes for 2c, enter \$125 in the right-hand column. Then, enter review fees of \$100/ disturbed acre (from item III.A on page 1) on this line in the right-hand column and proceed to item 4.\$         . 00\$         . 00**3. a. Will this project or LCP (Item III.B) ultimately disturb 1 or more acres?** ☐ Yes ☐ No\$         . 00

If yes, enter \$125 in right-hand column and proceed to 3b. If no, coverage under SCR100000 is not required; see OCRM-SPWS for "Small Project Requirements in Coastal Counties".

**b. If yes for 3a, is this project exempt from S.C. Reg. 72-300 et seq?** ☐ Yes ☐ No

If yes for 3b, review fees are not initially required; proceed to item 4.

If yes for 3a **and** no for 3b, enter review fees of \$100/ **disturbed** acre (from item III.A on page 1) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.\$         . 00**4. Total Required Fees**

Add the values in the right-hand column. Maximum required fees are \$2125. DHEC will not review this project until all required fees are received.

**Total Required Fees:** \$ 215. 00

\* If DHEC will review the project, then DHEC will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

**Payment by Check:**

Make sure check is signed and has a current date on it. If check is more than 30 days old, it may be returned. The check must be for the entire amount of required fees.

**STAPLE CHECK HERE RECEIVED**

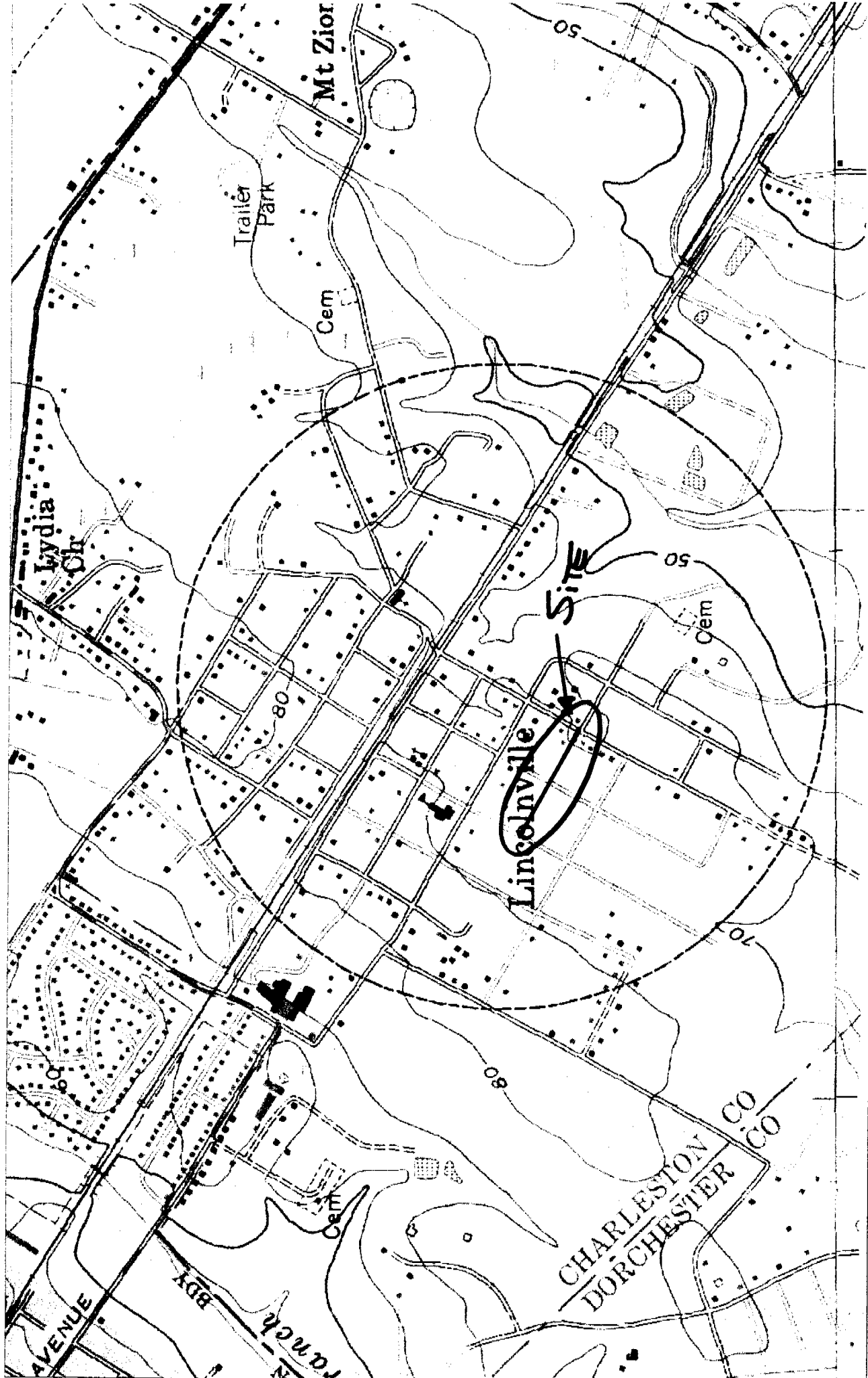
Make check payable to S.C. DHEC. FEB 26 2008

**DHEC-OCRM  
CHARLESTON OFFICE****Payment by Credit Card:**Fill out the information below. Credit card payments must be processed by the applicant online at <http://www.scdhec.gov>. Upon receipt of the NOI, OCRM will provide a memo to the applicant containing directions for processing application fees online and specific invoice numbers necessary for online payment.

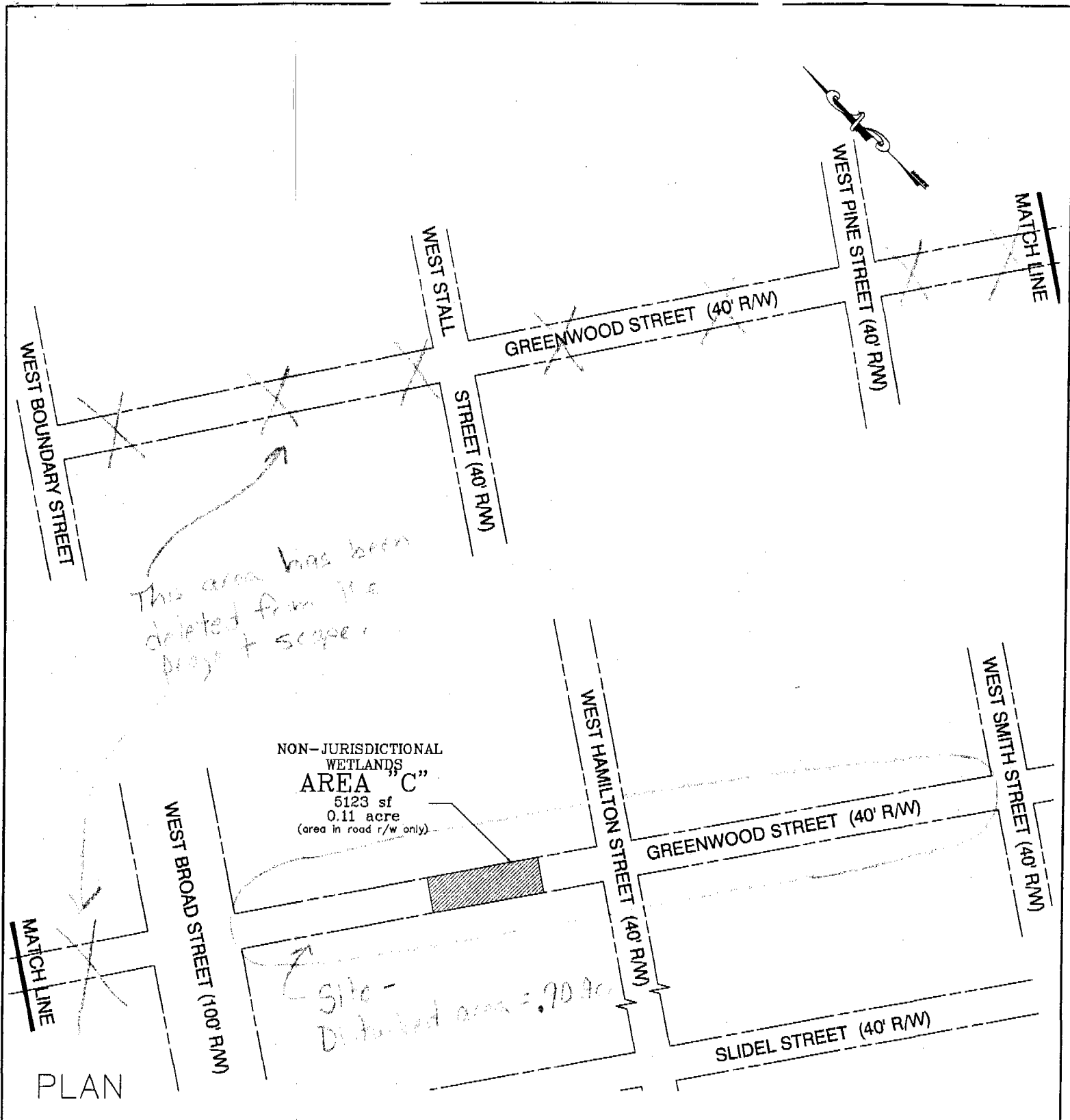
Name as it appears on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For official use only:** Invoice Numbers YE \_\_\_\_\_ YA \_\_\_\_\_ ZV \_\_\_\_\_ ZT \_\_\_\_\_



Summerville Quad Map



CHARLESTON COUNTY  
PUBLIC WORKS

4045 Bridge View Dr.  
North Charleston, S.C.  
29405

Phone (843) 202-7600  
FAX (843) 202-7601



Revisions

Date

Initials

Project Title: GREENWOOD STREET

Project Location: LINCOLNVILLE

Applicant: CHARLESTON COUNTY PUBLIC WORKS DEPARTMENT

Engineer: S. THIGPEN

Technician:

Date: DECEMBER, 2003

Scale: 1" = 150'

Application # 80-2003-1206

Sheet 3 of 3